



**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Lorimer P. Brooks, Reg. No. 15,155; Bruce Londa, Reg. No. 33,531; all of 220 East 42<sup>nd</sup> Street, 30<sup>th</sup> Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224 of 721 Route 202-206 Bridgewater, New Jersey 08807; Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys with full power of substitution and revocation.

**SEND CORRESPONDENCE TO:**  
**NORRIS, McLAUGHLIN & MARCUS**  
**220 EAST 42<sup>ND</sup> STREET - 30<sup>TH</sup> FLOOR**  
**NEW YORK, NEW YORK 10017**

**DIRECT TELEPHONE CALLS TO:**  
**WILLIAM C. GERSTENZANG**  
**(212) 808-0700**

FULL NAME OF SOLE OR FIRST INVENTOR: Holger KNAACK  
INVENTOR'S SIGNATURE: Holger Knaack DATE 10.10.2001  
RESIDENCE Geißleinweg 21, 22119 Hamburg, Germany CITIZENSHIP Germany  
POST OFFICE ADDRESS Geißleinweg 21, 22119 Hamburg, Germany

FULL NAME OF SECOND INVENTOR: Klaus-Peter STANGE  
INVENTOR'S SIGNATURE: Klaus-Peter Stange DATE 10.10.2001  
RESIDENCE Reinhardtallee 19b, 21465 Wentorf, Germany CITIZENSHIP Germany  
POST OFFICE ADDRESS Reinhardtallee 19b, 21465 Wentorf, Germany

FULL NAME OF THIRD INVENTOR: Günther SCHULTZ  
INVENTOR'S SIGNATURE: Günther Schultz DATE 08.10.2001  
RESIDENCE Klaus-Nanne-Straße 53, 22457 Hamburg, Germany CITIZENSHIP Germany  
POST OFFICE ADDRESS Klaus-Nanne-Straße 53, 22457 Hamburg, Germany

FULL NAME OF FOURTH INVENTOR: \_\_\_\_\_  
INVENTOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENCE \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
POST OFFICE ADDRESS \_\_\_\_\_

FULL NAME OF FIFTH INVENTOR: \_\_\_\_\_  
INVENTOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENCE \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
POST OFFICE ADDRESS \_\_\_\_\_

FULL NAME OF SIXTH INVENTOR: \_\_\_\_\_  
INVENTOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENCE \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
POST OFFICE ADDRESS \_\_\_\_\_